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Inder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) **Application Number** 09/510,334 FEE TRANSMITTAL February 22, 2000 Filing Date For FY 2005 Toshikazu OHSHIMA First Named Inventor R. Mosser **Examiner Name** Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit 3714 02355.011105 TOTAL AMOUNT OF PAYMENT Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Other (please identify): Check Money Order None Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto 1 Deposit Account Deposit Account Number:_ 06-1205 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity** Small Entity Fees Paid (\$) Fee (\$) Fee(\$) Application Type Fee (\$) Fee (\$) Fee(\$) Fee(\$) Utility 300 500 250 200 100 150 Design 200 100 100 50 130 65 300 80 Plant 200 100 150 160 Reissue 300 150 500 250 600 300 2. EXCESS CLAIM FEES **Small Entity** Fee(\$) Fee(\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 360 180 Multiple dependent claims **Total Claims** Multiple Dependent Claims **Extra Claims** Fee Paid (\$) <u>Fee (\$)</u> $x_{50.00} = 0$ -58 or HP = 0Fee Paid (\$) Fee(\$) HP = highest number of total claims paid for, if greater than 20 Extra Claims Fee Paid (\$) Indep. Claims Fee(\$) 200.00 = -7 or HP = 0HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round **up** to a whole number) x / 50 = __ - 100 = 4. OTHER FEE(S) Fees Paid (\$) \$130 fee (no small entity discount) Non-English Specification, SUBMITTED BY Telephone Registration No. Signature (Attorney/Agent) 36,570 202-530-1010 Date: August 1, 2005 Name (Print/Type) Brianl L. Klock

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.